

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2016
NAME OF PROVIDER OR SUPPLIER THE COMMONS AT BRIGHTMORE		STREET ADDRESS, CITY, STATE, ZIP CODE 2320 FORTY-FIRST STREET WILMINGTON, NC 28403		
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C 000	Initial Comments Report of Biennial Construction Survey by Dennis Harrell on 5-19-2016. Records indicate this facility was first licensed on 8-24-1987, with additions to the Azalea wing starting on 6-21-1990, and Magnolia wing on 2-11-1991. The facility is currently licensed for 201 residents, with 35 allocated for the Paraklay SCU which was submitted for licensure on 7-17-1997. Based on this information we are requiring the original facility to meet the 1987 Rules for Homes for the Aged and Disabled Minimum Standards and Regulations, the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds, and the 1978 NC State Building Code. The Special Care Unit must meet the 1996 Rules for Homes for the Aged and Disabled Minimum Standards and Regulations, the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds, and the 1996 NC State Building Code Volume I, Section 409.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 101	Continued From page 1 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: Based on observation, the Linen rooms on Azalea Hall and Oleander Hall were not sprinkler protected. This facility enjoys the Building Code advantages of being "fully sprinklered" which requires a sprinkler head in every space.	C 101		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: Based on observation, there was no hand grip provided at the toilet in the Magnolia Spa.	C 133		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.	C 166		

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C 166	Continued From page 2 This Rule is not met as evidenced by: 1. Based on observation, there was storage far in excess of what would normally be found in a bedroom in Bedroom 89. The storage must be reduced to no more than would normally be found in a bedroom or the room must be upgraded to meet the requirements for storage rooms found in the 2012 NC State Building Code. 2. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include; Items had been stacked almost to the ceiling in Mech Room III across from the beauty salon on Oleander Hall. 3. Based on observation, a 3 inch sewer line was properly capped and sealed in the storage room in the Cafe area. Improperly sealed sewer lines allow noxious, combustible odors and possibly harmful bacteria to enter the facility. 4. Based on observation, there was an extension cord being used for permanent wiring and extending through a wall. Extension cords must not be used for permanent and must never penetrate a wall.	C 166		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical,	C 189		

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C 189	<p>Continued From page 3</p> <p>mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the battery powered emergency light in the corridor near the laundry would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.</p> <p>2. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.</p> <p>Findings include;</p> <p>a. One smoke barrier door near room 54 not closing completely and latching.</p> <p>b. One smoke barrier door near room 58 will not latch when closed.</p> <p>c. Both smoke barrier doors near room 73 will not latch when closed.</p> <p>d. Door to break room on Magnolia Hall was disabled from latching.</p> <p>e. Door to soiled linen room on Magnolia Hall not fitting the opening well enough to be resistant to the passage of smoke.</p> <p>f. Door to Bedroom 36 not fitting the opening well enough to be resistant to the passage of smoke.</p> <p>g. Door to Bedroom 105 not fitting the opening well enough to be resistant to the passage of</p>	C 189		

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C 189	<p>Continued From page 4</p> <p>smoke.</p> <p>3. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:</p> <ul style="list-style-type: none"> a. Hole in the ceiling of Mech RM 5, b. Hole at the gas line in the laundry ceiling, c. Portion of wall removed in the resident laundry in Memory Care, d. Hole in riser room, e. Holes above the electric panel in the electrical room behind the kitchen, f. Unsealed penetration in ceiling of med room in Memory Care, g. Hole and unsealed penetration in wall of Spa in Memory Care, h. Ceiling damaged in Mech Room II, i. Hole in wall in Mech Room III across from beauty salon. <p>4. Based on observation the required one-hour fire rated ceilings were compromised by improperly fitting or missing sprinkler escutheons in the following locations.</p> <ul style="list-style-type: none"> a. Pantry, b. Riser room, c. Janitor closet in Memory Care, d. Corridor near room 74, e. Storage room near room 67 on Magnolia Hall. <p>5. Based on observation, the exit gate from the courtyard in Memory Care is hard to open when the magnetic lock is released. A hard to open exit gate could delay or prevent an evacuation in an emergency.</p>	C 189		

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